STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445128	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, OAK RIDGE	300 LABORATORY RD OAK RIDGE, TN 37831

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide lighting for the exit discharge. The findings include: Observation and interview with the maintenance director on September 30, 2013 at 10:45 a.m. revealed that exit 3 and 4 exit discharge does not have general night lighting and lights that are on emergency power leading to a public way. The facility has 9 exits total. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on September 30, 2013.	K 045	This Plan of Correction is submitted as required under State and Federal Law and does not constitute an admission on the part of the facility that the findings constitute a deficiency or that the scope and severity regarding any of the defiencies cited are correctly applied. 1. Lights will be installed at Exit 3 and 4 to illuminate the sidewalks. 2. No other areas were affected 3. There are no other areas identified that would need additional lighting 4. When installed this will correct these 2 areas, the only monitoring will be periodic to ensure fixtures are properly functioning. Monitoring will be by the Maintenance Director. 11-16-13	
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.	K 066		

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator 10-15-13

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that r safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days wing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ram participation.

OCT 18 2013

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K 066	Continued From page 1 (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide metal containers with self-closing devices into which ashtrays can be emptied into. The findings include: Observation and interview with the maintenance director on September 30, 2013 at 10:51 a.m. revealed that 2 of 2 smoking areas are not provided with a metal container with self-closing lids into which ashtrays can be emptied into. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on September 30, 2013.	K 066	1. A metal container with a self-closing lid was purchased on 10-2-13 for the purpose of emptying ashtrays. The Smoking Policy was changed to reflect only one designated smoking area. 2. No other areas were affected with the policy change. 3. Since the purchase of the container and policy modification the prior situation is resolved. 4. Periodic visual inspection to ensure proper container is in place and in working order.	11-16-13
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

(5) 10-15-13

OCT 18 2013

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K 147	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and testing, the facility failed to maintain electrical equipment. The findings include: Observation and testing on September 30, 2013 at 1:55 p.m. revealed the following: 1. Ground Fault Circuit Interrupter (GFCI) electrical outlets in the clean utility room and the soiled utility room in Wing 1 would not trip the circuit when tested. 2. Zone A, the physical therapy corridor, 3 of 3 outlets in the corridor were not secured fully into the wall stud. When testing the electrical outlets, the outlets were loose and not fasten to the wall stud tightly. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on September 30, 2013.	K 147	1. The GFCI outlets in the clean utilty room on Wing 1 were repaired and tested on 10-1-13. The 3 outlets in the Physical Therapy corridor Zone A were repaired/tightened to wall on 10-1-13. 2. No other issues were identified. 3. Maintenance Director will monitor to ensure the annual testing of wall outlets is completed in its entirety. 4. Maintenance Director will monitor and follow-up regarding this issue. 11-16-13	

(5) 10-15-13

OCT 18 2013